

AMENDED IN ASSEMBLY AUGUST 17, 2004

AMENDED IN ASSEMBLY JUNE 22, 2004

AMENDED IN SENATE MAY 13, 2004

AMENDED IN SENATE APRIL 1, 2004

SENATE BILL

No. 1487

Introduced by Senator Speier

February 19, 2004

An act to add and repeal Sections 1279.1 and 128735.1 of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 1487, as amended, Speier. Health facilities: hospital-acquired infection.

Existing law provides for the licensure and regulation by the State Department of Health Services of health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals. A violation of these provisions by a health facility is a crime. Existing law requires health facilities to file various reports containing health facility data with the Office of Statewide Health Planning and Development.

This bill would require those facilities to have a written infection control program for the surveillance, prevention, and control of infections, under the oversight of a multidisciplinary team.

Existing law requires every organization that operates, conducts, owns, or maintains a health facility, and the officers thereof, to make and file with the office certain health data and requires hospitals to provide to the office a hospital discharge abstract data record.

This bill would require a hospital to provide certain infection rate data to the office that would be available to the public.

The provisions of the bill would become *operative on July 1, 2005*, inoperative on October 1, 2012, and would be repealed on January 1, 2013.

Because the bill would add to the requirements of a health facility, a violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1279.1 is added to the Health and Safety
2 Code, to read:
3 1279.1. (a) (1) A facility licensed pursuant to subdivision
4 (a), (b), or (f) of Section 1250 shall have a written infection control
5 program for the surveillance, prevention, and control of
6 infections.
7 (2) The oversight of the infection surveillance, prevention, and
8 control program shall be implemented by a multidisciplinary
9 committee. The committee shall include a representative of each
10 of the following, one of which shall be an epidemiologist or
11 ~~pathologist~~ *physician with an interest in infection control*:
12 (A) The medical staff.
13 (B) The facility administration.
14 (C) The nursing staff.
15 (D) Infection control personnel.
16 (3) The infection control program shall be updated annually, or
17 more often, as needed. The program shall reflect the specific needs
18 of the hospital and the committee shall have oversight of the
19 collection of data as required by Section 128735.1.
20 ~~(b) The facility shall provide to the department the same data~~
21 ~~concerning hospital-acquired infections that the facility is~~

~~required to submit to the Office of Statewide Health Planning and Development, pursuant to Section 128735.1, at the same time as those reports are reported to the Office of Statewide Health Planning and Development.~~

~~(e)~~

~~(b) In conducting periodic inspections pursuant to Section 1279, or initiating inspections pursuant to Section 1250, the department shall consider the program required pursuant to subdivision (a) and the data provided pursuant to subdivision (b).~~

~~(2) Upon receipt of a report pursuant to subdivision (a), the by the Office of Statewide Health Planning and Development pursuant to Section 128735.1. Upon receipt of data provided pursuant to Section 128735.1, the department may initiate an inspection to determine whether the health or safety of patients at that facility is at risk and may seek a plan of correction pursuant to this chapter. A facility subject to an inspection under this paragraph may voluntarily provide the department with information regarding efforts by the facility to minimize hospital-acquired infections, which the department shall consider in determining whether to take further action.~~

~~(c) This (1) This section shall become operative on July 1, 2005.~~

~~(2) This section shall become inoperative on October 1, 2012, and, as of January 1, 2013, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2013, deletes or extends the dates on which it becomes inoperative and is repealed.~~

SEC. 2. Section 128735.1 is added to the Health and Safety Code, to read:

128735.1. (a) As used in this chapter, “hospital-acquired infection” means an infection meeting the current statistical epidemiologic definition of a nosocomial infection, as standardized by the federal Centers for Disease Control and ~~Prevention~~ *Prevention’s National Nosocomial Infections Surveillance System, or its successor*; and acquired by a patient during hospital care, which was not detected as present or incubating at admission.

(b) A facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250 shall provide to the office the rate of infections, number of infections, and number of patients by type of infection

1 and type of unit for those units and infections specified by the
2 office. The facility shall also provide risk-adjusted infection rate
3 data for those types of hospital-acquired infections according to
4 the risk-adjustment methodology determined by the federal
5 Centers for Disease Control and Prevention.

6 (c) (1) It is the intent of the Legislature that data be made
7 public regarding hospital-acquired infections in order to improve
8 the quality of care in hospitals. It is further the intent of the
9 Legislature that the data collected prior to January 1, 2008, be
10 limited to the following:

11 (A) Surgical site infections following surgical procedures
12 involving a high risk for mortality or serious morbidity, or
13 procedures involving a high volume of patients, such as coronary
14 artery bypass graft surgery, total hip replacement, laminectomies,
15 or laparoscopic appendectomies. The office, *in consultation with*
16 *interested parties*, shall determine two of these surgical procedures
17 for which hospital-acquired risk-adjusted infection data shall be
18 reported.

19 (B) Central-line associated blood stream infections in intensive
20 care units.

21 (2) Commencing January 1, 2008, the office, *in consultation*
22 *with interested parties*, shall consider the addition of
23 ventilator-associated pneumonia as well as any other types of
24 infections or hospital units as the office may determine pursuant
25 to this section.

26 (d) Collection of data required by this section shall be subject
27 to oversight by the infection control program multidisciplinary
28 committee established pursuant to Section ~~1297.1~~ 1279.1.

29 ~~The office~~ (1) *The office, in consultation with interested*
30 *parties*, shall determine the format and process for the collection
31 of hospital-acquired infection data required by this section. The
32 data shall be available to the public. Prior to any public disclosure
33 of information collected and reported pursuant to this section, the
34 data collection methodology shall be disclosed to all relevant
35 organizations and to all hospitals that are the subject of any
36 information to be made available to the public. *A hospital may*
37 *submit a statement to the office explaining or commenting on the*
38 *data it submitted to the office. The office shall include the*
39 *statement in any release of hospital-acquired information to the*

1 *public. No information disclosed to the public by the office shall*
2 *be used to establish a standard of care in a private civil action.*

3 *(2) The office shall report hospital-acquired infection data for*
4 *hospitals that receive a majority of their revenue from associated*
5 *comprehensive group-practice prepayment health care service*
6 *plans in a manner separate from the data for other types of*
7 *hospitals. The office shall include in any disclosure to the public*
8 *a notice stating that the results for those hospitals are only*
9 *comparable to other hospitals within the same system and are not*
10 *comparable to hospitals not within that system. The office may*
11 *include further explanatory information as appropriate.*

12 *(3) The office shall transmit to the State Department of Health*
13 *Services, in an electronic format, the hospital-acquired infection*
14 *data submitted by hospitals.*

15 *(f) The office shall adopt regulations to implement this section.*

16 ~~*(f) This*~~

17 *(g) (1) This section shall become operative on July 1, 2005.*

18 *(2) This section shall become inoperative on October 1, 2012,*
19 *and, as of January 1, 2013, is repealed, unless a later enacted*
20 *statute, that becomes operative on or before January 1, 2013,*
21 *deletes or extends the dates on which it becomes inoperative and*
22 *is repealed.*

23 SEC. 3. No reimbursement is required by this act pursuant to
24 Section 6 of Article XIII B of the California Constitution because
25 the only costs that may be incurred by a local agency or school
26 district will be incurred because this act creates a new crime or
27 infraction, eliminates a crime or infraction, or changes the penalty
28 for a crime or infraction, within the meaning of Section 17556 of
29 the Government Code, or changes the definition of a crime within
30 the meaning of Section 6 of Article XIII B of the California
31 Constitution.